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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.: 10/602,108
Applicant: Andrew Walker, et al.
Filed: June 23, 2003
Title: HANDLE ASSEMBLY FOR TOOL

TC/A.U.: 3676
Examiner: KYLE, Michael J.

Docket No.: P-US-CS 1145

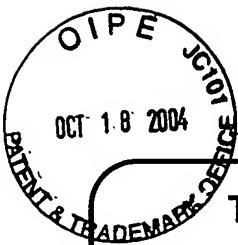
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**AMENDMENT
and
RESPONSE to RESTRICTION REQUIREMENT**

In response to the office action dated October 5, 2004, please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/602,108
		Filing Date	06/23/2003
		First Named Inventor	Andrew Walker, et al.
		Art Unit	3676
		Examiner Name	KYLE, Michael J.
Total Number of Pages in This Submission	9	Attorney Docket Number	P-US-CS 1145

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Bruce S. Shapiro
Signature	
Date	October 15, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Rebecca S. Casciero
Signature	
Date	October 15, 2004

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